

NUTRITION ADVISERS: CA Report No 16049

Comments from Linda Lazarides of the
Society for the Promotion of Nutritional Therapy, February 2000

General Comments

This report began by referring to nutritional therapy as a complementary therapy (which it is) and then went on to describe a GP, a dietitian and a nutritionist as being experts in it. Yet no indication was made of their training in nutritional therapy or complementary medicine. Their comments would seem to make it clear that they have none. This is a little like asking physicists to comment on chemists or pharmacists to comment on homoeopaths. This is reasonable as far as ethical considerations are concerned, but not for diagnostic and treatment aspects of a consultation. Considering that plenty of doctors practise nutritional medicine and others successfully employ nutritional therapists, we think it would have been more appropriate to ask one of these to assess the researchers' experiences in terms of diagnostic and treatment aspects. This report would then look less like an example of professional rivalry on the part of the British Dietetic Association, supported by the CA. I have suggested amendments to the text which I feel are appropriate in the interests of fact and accuracy.

The notes refer to the ringed numbers in red against the handwritten amendments.

1. "So-called" is pejorative. Many genuinely are experts.
2. GPs and dietitians are not experts on nutritional therapy, which is a branch of complementary medicine based on a different interpretation of the results of scientific studies and clinical trials. For a fuller explanation of this, your writer may wish to refer to my book the *Principles of Nutritional Therapy*, which was supplied to the CA the last time you wrote about nutritional therapy. (Incidentally on that occasion your public survey found that most individuals treated by a nutritional therapist were very happy with the results).
3. This statement is based on publications in a wide variety of medical journals. For £5 you can order a copy of SPNT's Report *Nutritional Therapy in the Treatment of Common, Minor Health Problems*, which contains more than 200 scientific references. Since many of the journals are read only by consultant specialists in hospitals, GPs and dietitians are not very likely to be well-informed on these studies.
4. This is a judgmental comment on common complementary medicine techniques which is hardly appropriate considering that your 1995 report on complementary medicine found that over 90 per cent of those who had used it found it useful and effective. You imply that science has to come into the picture when it does not.
5. Phrased in this way you are singling out nutritional therapy, which implies that it is particularly badly regulated, which is not the case. It is in fact better regulated than some other complementary therapies.
6. SPNT membership is open to all who have an interest in nutritional therapy, as you can see from our enclosed leaflet.
7. It is important to make the distinction between nutrition as a complementary therapy, which uses a different interpretation of current knowledge, from nutrition

advice based on the orthodox interpretations. The basis of this difference is described in Amendment number 3 and its note above.

8. Whatever the British Dietetic Association says about us (and their professional rivalry has been strong since we started) many nutritional therapists have scientific and medical qualifications, and a degree course in Nutritional Therapy has been available at the University of Westminster since 1996.
9. This again refers to the differences in interpretation of current knowledge.
10. I personally have had a most successful working relationship with a GP. Several nutritional therapists are now working alongside GPs, and have succeeded in saving the NHS considerable money on expensive palliative pharmaceutical medications, by successfully treating “incurable” conditions.
11. Nutritional therapy is still a young profession, and BANT is to be commended for taking on a very difficult job. They aim to accept people only from the best available courses, and deserve to be supported by organisations such as the CA for starting to set standards.
12. Presumably your researchers did not actually have IBS. Your readers should be aware of this since a therapy cannot be effective if given to a person who does not need it.
13. The Natural Medicine Directory, published as area computer print-outs by the Society for the Promotion of Nutritional Therapy, clearly advises everybody who requests a print-out to consult their doctor, if they have not already done so, for a diagnosis and opinion before consulting a natural therapist. BANT’s code of practice requires all members verbally to make this recommendation, therefore I am sure that BANT would appreciate being given the names of those therapists who did not do so with your researchers, so that disciplinary action can be taken. Such laxity is probably due to the fact that under normal circumstances a nutritional therapist never sees people who have not already consulted several doctors and been dissatisfied with the help given.
14. and 16. We do not think it is fair to publish pejorative comments from non-experts about treatment advice given.
15. GPs and dietitians do not normally work with most of the the products used by nutritional therapists, and cannot therefore be expected to be experts on them. There is also a danger that their opinions may be unduly influenced by inaccurate reports in the popular press which regularly crop up, such as the recent speculative headlines about vitamin C supplements causing cancer when the researchers in question did not even suggest such a thing.
16. Nutritional therapists often recommend supplements to treat minor symptoms of nutritional deficiencies such as premenstrual syndrome which may also have been reported to the therapist by your researchers. The rationale for these recommendations may have had nothing to do with treating their IBS, and it is only fair to make this clear.
BANT sends an observer to the Government’s Expert Group on Vitamins and Minerals, which is preparing an official report on the safety of these products.
17. Again, we feel that nutritional therapy has been unfairly singled out here.
18. Many therapists offer an initial free consultation to help the client decide whether nutritional therapy is what they want. Presumably this is what you mean?
19. This statement implies that nutritional therapists are supposed to try to do the GP’s job of making medical diagnoses. They are not. Please see note 13.

20. Only an expert on nutritional therapy would know whether the therapists asked the right questions to arrive at a suitable preliminary nutritional therapy regime. Such an initial regime is often a diagnostic diet (i.e. finding out the patient's reaction to it is part of the diagnostic procedure).
21. Opinions from non-experts should not really be presented as fact. See General Comments and notes 3, 4 and 7 above.
22. See note 13.
23. See General Comments and notes 2, 3, 7, 12, 15 and 20.
24. Ditto.
25. and 27. Most people who consult a nutritional therapist expect to be given fairly radical changes in eating habits because they have unsuccessfully tried everything else themselves. This opinion is therefore not based on fact. People with chronic illnesses know that they could have a lot to gain if they work hard at their diet, and this motivates them to co-operate with the nutritional therapist in the exploratory processes which nutritional therapy involves. Your researchers would obviously not have had this motivation.
26. This opinion (which is inaccurate if standard nutritional therapy procedures were used) should not be presented as fact.
27. Ditto 23.
28. I hope that this amendment is self-explanatory in the light of all the notes so far.
29. "Liquid oxygen" is just a layman's term for a product consisting of hyperoxygenated sodium ions. These are harmless to the human body but extremely toxic to intestinal fungal infestations which are a common cause of IBS. Your advisers would not know this unless they were trained in nutritional therapy. Also see note 15 above.
30. Again, ditto 23. Nutritional therapists look for indications that patients are malabsorbing their food from the gut, or not assimilating nutrients well into cells. These problems can lead to nutritional deficiency symptoms even when the patient is eating a good diet, and a temporary course of nutritional supplements can often help to improve function.
31. Again, this is a disciplinary matter and the therapist should be reported to BANT.
32. Hopefully this amendment is now self-explanatory in the light of all the above comments.
33. Ditto.
34. See note 15.
35. See note 11.

Queries on these notes should be addressed to:

Linda Lazarides
linda@health-diets.net

Linda Lazarides is a nutritional therapy expert and author, and is Founder and Publications Director of the Society for the Promotion of Nutritional Therapy.